

**REQUEST FOR COURSE APPROVAL**

**STATE OF CALIFORNIA  
BOARD OF EQUALIZATION**  
**www.boe.ca.gov**

**INSTRUCTIONS:**

*When complete, retain a photocopy and return the original to:  
California State Board of Equalization, County-Assessed Properties Division,  
P.O. Box 942879, Sacramento, CA 94279-0064;  
ATTN: Training and Certification Section.*

EMPLOYER			DATE SUBMITTED
COURSE TITLE			COURSE START DATE: _____ COURSE END DATE: _____
COURSE SPONSOR			COURSE LOCATION
TOTAL HOURS OF INSTRUCTION	NUMBER OF SEMESTER UNITS	NUMBER OF QUARTER UNITS	NUMBER OF TRAINING HOURS REQUESTED

COURSE OBJECTIVES

---



---



---



---



---

REASONS FOR ATTENDING THIS COURSE

---



---



---



---



---

INSTRUCTORS NAMES AND QUALIFICATIONS

---



---



---



---

NAME AND TITLE OF PERSON REQUESTING APPROVAL

E-MAIL ADDRESS

Attach a copy of the agenda or lesson plan, and any additional information that will assist in the approval of this course. The *Course Approval Reference (CAR) Number* shown below must be provided on form BOE-744-A, *Request for Training Hours*, and with any correspondence related to this course.

**STATE BOARD OF EQUALIZATION USE ONLY**

COURSE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CAR NUMBER	HOURS GRANTED	<input type="checkbox"/> LOGGED <input type="checkbox"/> POSTED
---	------------	---------------	---

REMARKS

---



---

REVIEWED BY	DATE REVIEWED
-------------	---------------

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**